

POSITION	INITIALS	REMARKS	DATE
FEE DETERMINATION	C <sup>o</sup>	C <sup>o</sup>	
O.I.P.E. CLASSIFIER		10	10-18-90
FORMALITY REVIEW	RUB	105373	10-18-90

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/23/90
2	✓	✓	10/23/90
3	✓	✓	10/23/90
4	✓	✓	10/23/90
5	✓	✓	10/23/90
6	✓	✓	10/23/90
7	✓	✓	10/23/90
8	✓	✓	10/23/90
9	✓	✓	10/23/90
10	✓	✓	10/23/90
11	✓	✓	10/23/90
12	✓	✓	10/23/90
13	✓	✓	10/23/90
14	✓	✓	10/23/90
15	✓	✓	10/23/90
16	✓	✓	10/23/90
17	✓	✓	10/23/90
18	✓	✓	10/23/90
19	✓	✓	10/23/90
20	✓	✓	10/23/90
21	✓	✓	10/23/90
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25	✓	✓	10/23/90
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45	✓	✓	10/23/90
46	✓	✓	10/23/90
47	✓	✓	10/23/90
48	✓	✓	10/23/90
49	✓	✓	10/23/90
50	✓	✓	10/23/90

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy